

**REQUEST FOR AUTHORITY TO OPERATE AS**  
**COMMON CARRIER OF PROPERTY IN THE TRANSPORTATION OF**  
**OFFICE FURNITURE AND OFFICE EQUIPMENT**

APPLICATION # \_\_\_\_\_ DOCKET # \_\_\_\_\_

CHECK/MONEY ORDER # \_\_\_\_\_ ISSUING BANK: \_\_\_\_\_

\*\*\*\*\*  
\*\*\*\*\*(above is for office use only)\*\*\*\*\*

Movers of Office Furniture and Equipment are governed by R.I. Gen. Laws Chapter 39-12 and the Division's Rules and Regulations Governing Transportation Provided by Motor Carriers of Property. The Applicant must prove that it is **fit, willing and able** to perform moves of office furniture and office equipment.

1. APPLICATION OF: \_\_\_\_\_  
(Name of individual, partnership, corporation or business)

Business address: \_\_\_\_\_  
\_\_\_\_\_

Mailing address: \_\_\_\_\_  
\_\_\_\_\_

Telephone number: \_\_\_\_\_

1. Provide the date and place of birth of the applicant(s), partners, officers and directors.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

2. If the applicant(s) partners, officers or directors has experienced a change of name, resulting from marriage, legal name change, etc., state the details of the name change:
- 
- 
3. Have the applicant(s), partners, officers and directors, ever been charged with and convicted of any criminal offense, either state or federal? If yes, explain.
- 
- 
- 
4. Have the applicant(s), partners, officers and directors, been charged with a traffic violation within the last six (6) years? If yes, explain.
- 
- 
- 
5. Describe the motor vehicle(s) to be operated by the applicant in this business:
- 
- 
6. Describe any experience the applicant possesses in the industry: \_\_\_\_\_
- 
- 
- 

FINANCIAL FITNESS QUESTIONS - Answers must be accurate as of the date of filing.

(You may choose to submit a financial statement in addition to answering these questions.)

Assets:

8. Cash on hand: \_\_\_\_\_
9. Total value of Motor Vehicle(s): \_\_\_\_\_

10. Total value of other Property (buildings, etc.): \_\_\_\_\_

11. Total value of Investments, etc.: \_\_\_\_\_

12. Total of Accounts Receivable: \_\_\_\_\_

Liabilities:

13. Total of outstanding business loans: \_\_\_\_\_

14. Total of any other debts or liabilities: \_\_\_\_\_